

Application for License to
Operate a Long-term Care Facility

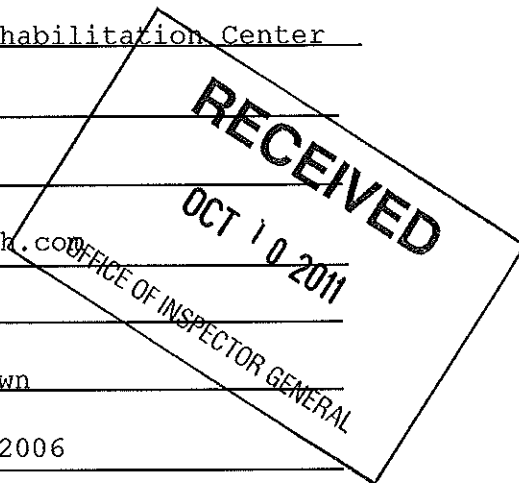
For Office Use Only
Received 10-10-11
Amount \$675.-

emailed Validation
letter 11/1/11

Ch#
7101566

I. IDENTIFICATION

Name Heartland Villa Care and Rehabilitation Center
Address 8005 U.S. Highway 60 West
City/County/Zip Lewisport / Hancock / 42351
Telephone number 270-295-6756/ 2871ADM01@sunk.com
Administrator Paula Sandfer
Date facility operation began at current address unknown
Date facility began operation under current owner 10/1/2006



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>45</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State	<input checked="" type="checkbox"/> Profit	Individual
County	Nonprofit	Partnership
City		Corporation
<input checked="" type="checkbox"/> Private		<input checked="" type="checkbox"/> L.L.C.

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

HBR Lewisport, L.L.C.
101 Sun Avenue, N.E.
Albuquerque, NM 87109

(OVER)

10/31

If facility owned or leased by a corporation, complete the following:

Name of corporation HBR Lewisport, L.L.C.
Address of corporation 101 Sun Avenue, N.E., Albuquerque, NM 87109
President or Chairman Thomas B. Emberton
Vice President Vacant
Secretary Michael T. Berg
Treasurer Brandi Riddle

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

PLEASE SEE ATTACHMENT A.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

PLEASE SEE ATTACHMENT A.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

N/A.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
<u>HBR Kentucky, L.L.C.</u>	<u></u>
<u>101 Sun Avenue, N.E.</u>	<u></u>
<u>Albuquerque, NM 87109</u>	<u></u>

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

<u>Glynis Malcolm</u>	<u>Asst. Secretary</u>	<u>9/30/11</u>
Glynis Malcolm		
Signature of authorized representative	Title	Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)

ATTACHMENT A
HBR LEWISPORT, L.L.C.

Ownership Information

OWNER	OWNER ADDRESS	OWNERSHIP INTEREST
HBR Lewisport, L.L.C.	101 Sun Avenue, N.E. Albuquerque, NM 87109	100% Ownership Interest in Heartland Villa Care and Rehabilitation Center

Officers of HBR LEWISPORT, L.L.C.

NAME	ADDRESS/PHONE	TITLE	PERCENT OWN
Thomas B. Emberton	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	President	0%
Vacant	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Vice President	0%
Brandi Riddle	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Treasurer	0%
Debbie McLarty	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Vice President - Reimbursement	0%
Pamela Meyer	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Assistant Treasurer	0%
Michael T. Berg	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Secretary	0%
Glynis Malcolm	101 Sun Avenue, NE Albuquerque, NM 87109 505-821-3355	Assistant Secretary	0%

As a Limited Liability Company, HBR Lewisport, L.L.C. does not have a Board of Directors.